



EPHA's briefing on the European Commission Green Paper on Mental Health

Subject	Briefing on the European Commission Green Paper on Mental Health: towards an EU Strategy on Mental Health
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One in four Europeans experience a significant episode of mental illness during their lifetime, according to the World Health Organisation (WHO) figures¹. They hamper all aspects of EU's social, economic, educational, justice and health care systems. They are also wide-ranging, long-lasting and usually source of discrimination, challenging European values at their core.

The European Commission has decided to address mental health and mental ill health burden through an EU Strategy on Mental Health (due to be released at the end of 2006), which will be built upon the Green Paper on mental health, open to consultation until the 31 May 2006².

The World Health Organisation defines mental health as *"a state of well-being in which the individual realises his or her abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community."*³

Mental health is a twofold portfolio which includes **mental ill health and the promotion of good mental health**. The broad aim of mental health promotion is indeed to improve mental well-being, reduce the incidence of mental disorders and assist in recovering from mental health problems. To do so, it is necessary to address the various causes and settings of mental ill health such as stress, social isolation, physical health, the social environment, or unemployment.

¹ All figures are quoted from WHO documents, especially *Investing in Mental health*, published in 2003, http://www.who.int/entity/mental_health/media/investing_mnh.pdf

² For more information on the Green Paper consultation process, see <http://www.eph.org/a/1903>

³ Ibidem, p 7



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A wide-ranging and long-lasting health and social burden

Globally, it is estimated that 450 million people suffer from a mental disorder and mental health problems account for approximately **20% of the total burden of ill health in Europe**. In spite of this, mental health services are underfunded in many European countries: on the average, 6% of health expenditure are dedicated to mental health⁴. Most countries have huge documentation on mental health, especially on estimates of morbidity. However, few give estimates of the healthcare costs and socio-economic costs of mental health problems. Further research towards a better understanding of the factors contributing to / preventing from mental illness will support the most needed development of effective interventions to tackle mental health problems.

Four of the six leading causes of years lived with disability are due to neuropsychiatric disorders. By 2020, it is also expected that depression will be the highest ranking cause of disease in the developed world⁵. People with mental health problems are more likely to have physical health problems and vice versa. Mental illnesses are usually chronic or long-term diseases, which involve **high healthcare costs**. Besides, they often start at a young age and mortality is relatively low, with **long term indirect costs**.

Social determinants such as poverty, violence, the employment situation and the economic climate influence the mental condition of the population. There is also a strong relationship between poor mental health and social deprivation. Individuals who live in areas with a high rate of unemployment are at an increased risk of developing mental health problems, while the high level of stigma and discrimination can **limit education and employment opportunities**. There is also a greater risk of becoming **homeless** or of coming into contact with the criminal-justice system.

The **long-term impacts on the children** living with parents suffering from mental health problems can also be significant: they may be neglected and their education may be disrupted, and consequently may develop mental health problems.

⁴ European Commission, *The State of Mental Health in the European Union*, 2004, http://europa.eu.int/comm/health/ph_projects/2001/monitoring/fp_monitoring_2001_frep_06_en.pdf

⁵ World Health Organisation, *Prevention of Mental disorders – Effective interventions and policy options*, 2004, p. 40 http://www.who.int/entity/mental_health/evidence/en/prevention_of_mental_disorders_sr.pdf



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Mental health and the Lisbon Agenda: the economic costs

Given the prevalence of mental ill health, the **financial burden on individuals, their families and society** is enormous. The economic impact of mental illness includes the effect on personnel income, on the ability to work (for patients and families), on contributions from patients and carers for the national gross and the long term use of health and support services.

In the EU, the economic costs of mental health problems are high: at least **3-4% of the gross national products**⁶. The majority of quantified costs occurs outside the health sector: **lost employment, absenteeism, poor performance within the workplace and early retirement**. The costs of reduced performance at work by people with untreated mental health problems may be five times as great as those for absenteeism. **Long-term fiscal impact** is to be taken into account: mental health problems are a leading cause of early retirement or receipt of a disability pension. Substantial costs for family carers are underestimated. There can be economic impacts over very long time periods, especially for childhood mental health problems⁷.

Discrimination, stigmatisation and social exclusion

In less well-resourced countries, the mentally ill are still frequently locked up in huge institutions. In western European countries, severely mentally ill people are often neglected and abandoned.

Lack of knowledge, and ignorance, contribute to the stigma associated with mental illness. Individuals fearing stigmatisation are unlikely to contact easily health care services and benefit from appropriate care. It also contributes to the **low priority of mental health in policy-making** and thus, leads to further social exclusion, which manifests itself through the low rate of employment for people with mental health problems for instance.

There is a continuing need to take action to address **human right violations**, stigma, discrimination and the consequent social exclusion. Protecting the fundamental rights and dignity of persons suffering from mental ill health falls under the article 13 of the European Community Treaty setting out

⁶ European Commission, *The State of Mental Health in the European Union*, 2004, http://europa.eu.int/comm/health/ph_projects/2001/monitoring/fp_monitoring_2001_frep_06_en.pdf

⁷ All figures are quoted from WHO documents, especially *Investing in Mental health*, published in 2003, p.14-15 http://www.who.int/entity/mental_health/media/investing_mnh.pdf



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the legal basis for action at Community level for combating discrimination.

The European Commission Green Paper on Mental Health

In January 2005, the WHO organised a **Ministerial Conference on Mental health**⁸ “*Facing the challenges, building solutions*” in Helsinki, in partnership with the European Union and the Council of Europe. Health ministers from 52 countries of the WHO European Region agreed on effective mental health policies and actions to be taken. The Helsinki Conference was the first time that health ministers in Europe committed to mainstream action on mental health into other related policies. The Conference resulted in a “Mental health Declaration for Europe” and an Action plan, which will drive the policy agenda on mental health for the coming years.

The European Commission released in early October 2005 a **Green paper on Mental Health**⁹, which should be the first step towards the establishment of an EU strategy.

The Commission acknowledges in the Green Paper that **mental health can contribute** to the achievements of some of the **EU’s long-term strategic goals** and reviews the different dimensions of mental ill health in Europe. The Commission sets out four key **objectives** and several **actions** to be implemented through the future EU Mental Health Strategy. There is also mention of actions already undertaken thanks to EU-funded projects.

1. **Promoting the mental health of all:** The Green Paper plans to target specifically some vulnerable groups such as infants, children and adolescents, as well as the working population, older people, or migrants, unemployed people, marginalised groups. In order to do so, they suggest a Council Recommendation on the promotion of Mental Health.
2. **Prevention of mental ill health** concerns more particularly depression, preventing suicide, and reducing the consumption of alcohol and drugs. The European Commission suggests to develop a Council Recommendation on the reduction of depression and suicidal behaviour.
3. **Improving the quality of life of people with mental ill health or disability through social inclusion and the protection of their rights and dignity.** The promotion of social inclusion

⁸ <http://www.euro.who.int/mentalhealth2005>

⁹ http://europa.eu.int/comm/health/ph_determinants/life_style/mental/green_paper/mental_gp_en.pdf



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includes the “de-institutionalisation” of mental health services and the consequent implementation of community-based centres, psychiatric services in primary care units. Moreover, large psychiatric hospitals are likely to contribute to stigma and reinforce discrimination and exclusion. Protecting rights and dignity also means a review of compulsory placement in psychiatric institutions, preventative actions in nursing home for older people, children’s homes and prisons. In order to address the above mentioned challenges, the European Commission suggests to identify best practices for promoting the social inclusion and protecting the rights of people suffering from mental ill health. The protection of rights of mentally ill people could also be included into the remit of the Fundamental Rights Agency.

4. **Developing a mental health information, research and knowledge system:** The Green Paper prioritises the harmonisation of existing national and international indicators so as to improve the comparability, as well as the collection of more data, specifically on the social, demographic and economic determinants and structures of mental health. In order to do so, the European Commission plans to establish an interface between policy and research, which role would be to advise on indicators, monitoring of mental health and on priorities for research activities at EU level.

In order to facilitate the consultation process, the European Commission set up two groups that are going to meet three times before the end of the consultation:

- Dialogue with Member States, this group aims to encourage dialogue between Member-States and the European Commission. Each Member State will be represented by an expert or a government official from the Health Ministry.
- EU-Platform on Mental Health, which aims to gather organisations from the civil society, and key stakeholders.

Both groups will review the above mentioned priorities identified by the Green Paper.

Mainstreaming mental health into other European policy sectors: first comments

The Green Paper is meant to build the EU contribution towards the WHO European Action Plan on Mental Health¹⁰. The paper reviews the effects of mental health on the European society and it aims to broaden the perspective from an healthcare point of view to a wider public health approach, specially focusing on prevention and promotion of mental health in various settings (poverty, violation of human

¹⁰ <http://www.euro.who.int/document/mnh/edoc07.pdf>



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rights, abuses, stigma and discrimination, and the workplace).

However, some important issues that are mentioned in the WHO Action Plan are not sufficiently highlighted in the European Commission Green Paper.

- Establishment of **Health Impact Assessments** of all EU policies including **mental health indicators**, should therefore be a clear priority of the EU Strategy on Mental health. All sectors should be made accountable for the mental health impact of their policies and programmes and recognise benefits to themselves of promoting and protecting mental health.
- Mental Health policy requires inter-sectoral linkages and should incorporate multi-sectoral and multidisciplinary approaches. **Civil society organisations** are essential partners in ensuring accountability in mental health and in raising awareness of issues and their concerns, advocating change and creating a dialogue on policy. However, **funding is still inadequate** and the relationship between the official health care services and voluntary sectors needs improvement.
- Access to **healthy diets** and **physical activity** for **older people**, encouraging the consumption of healthy products and the reduction of the intake of harmful products, are issues not mentioned by the Green Paper.
- **Mental health at the workplace**: the Green Paper mentions changes to work patterns such as sensible working hours. It is important to mention here the EU Working Time Directive¹¹ as a tool towards the mental well-being of the European workforce. Similarly, the elimination of stigma and discrimination associated with mental health problems in employment practices could fall under the European Employment Strategy¹².
- The **European Agency for Health and Safety at Work (OSHA)** could help incorporating mental health in occupational health and safety. For example:
 - Dedicating a year to good mental health promotion at the workplace,
 - Developing guidelines to improve the monitoring of work-related mental health through appropriate indicators and instruments.
 - Developing guidelines and trainings on risk assessment and management of stress and psychosocial factors, training of personnel and awareness raising.

¹¹ EPHA briefing note on the Working Time Directive: <http://www.epha.org/a/1543>

¹² http://europa.eu.int/comm/employment_social/employment_strategy/index_en.htm



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- Establishment and support of **specific vocational trainings** to secure the entry of people suffering from mental health problems into the competitive employment market. This would feed into the life-long learning programmes of DG Education and Culture.
- **Education** is also key to alleviate the burden of Mental health on **children and young people**. EU programmes for Education and Culture can further encourage the integration of children and young people with mental health problems and disabilities in the regular education and vocational training system.
- The **EU Social Inclusion strategy** should also include provisions to facilitate the access to social **housing** of people with mental health problems. The same does apply to **homeless** people which are not mentioned in the Green Paper, and whose mental health conditions prevent them from social reinsertion.
- **Disability rights legislation**: as mentioned in the Green Paper and in the WHO Action Plan, it is of critical importance to scrutinise **disability rights legislation** to ensure that it covers mental health equitably.
- **Gender** is a missing issue from the Green Paper, although this determinant should be taken into account when designing and reforming mental health services, which should be gender-sensitive¹³.
- **Health care sector**: the Green Paper suggests the **de-institutionalisation** of mental health towards community-based services. To achieve this, it is necessary to develop training in the recognition, prevention and treatment of mental health problems for all staff working in primary care. Developing **skills of healthcare professionals**, especially nurses and General Practitioners will be key to alleviate the burden of mental ill health on the health care sector. **Life-long learning resources** could be allocated to strengthening professional skills. The de-institutionalisation would also encourage the development of services in a non-specialist setting (ie general hospital or prison). **Structural Funds** could be used to plan and fund pilot programmes, develop guidelines for good practice and monitor their implementation, establishing partnership across sectors.

¹³ The WHO has recently published a report monitoring the differences of access to healthcare using the gender criteria. http://www.euro.who.int/HEN/Syntheses/genderEquity/20051027_2
World Health Organisation, Health Evidence Network, *What evidence is there about the effects of health care reforms on gender equity, particularly in health?*, October 2005



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Besides, some Member State health insurance coverage discriminates against mental health problems, guidelines towards the correction of this situation would be welcome.

- The implementation of efficient and outcome-driven policies will depend on the availability of **data and useful indicators**. The Commission 7th Framework Programme should dedicate funding towards the following actions:
 - develop new indicators and data collection methods for information, promotion, prevention, treatment and recovery.
 - support dissemination of information on the impact of good policy and practice nationally and internationally
 - facilitate collaboration and partnerships between researchers, policy-makers and practitioners in seminars and accessible publications.
 - prioritise long-term research to strengthen the development of preventive programmes, especially on the interrelated nature of many mental, physical and social health problems.
 - invest in training in mental health research across academic disciplines, including anthropology, sociology, psychology and economics so that it creates incentive for long-term partnerships, as advised by the WHO Action Plan.

Next steps: the input of civil society

The Commission has now started the formation of a EU Strategy on Mental Health. The Consultation launched in October will close on the 31st May 2006.

It is very important that civil society contributes to this Strategy, either by responding the Consultation or by making sure that their concerns are taken into account by the two main groups established by the Commission: “Dialogue with Member States” and “EU-Platform on Mental Health”.

EPHA will prepare a response to the Consultation based on this briefing and the contributions of its members. EPHA also encourages its members to respond to the Consultation directly.

EPHA is also a member of the stakeholder EU-Platform on Mental Health, which will input on the formation of a EU Strategy on Mental Health. This platform will meet three times before the end of the Commission Consultation on the Green Paper (31st May).